

ANNEX A



Control No. 919

Republic of the Philippines  
Department of Education



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental

<b>Name</b>	<b>ANA MAE C. FESARIT, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To conduct nursing health services to teaching/non-teaching personnel and school learners. Conduct health teaching on healthy lifestyle.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	November 7, 2023- Dauin CES 9, 2023- Manjuyod 1 District 10, 2023- Jimalalud NHS 14, 2023- Manjuyod II CES (SHDP Clinic) 16-17, 2023- Maaslum ES
<b>Venue</b>	Ayungon 1 & II, Dauin, Manjuyod I and II Districts
<b>Fund Source</b>	MOOE

*I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.*

**ANA MAE C. FESARIT, RN**  
Name and Signature of Requesting Employee

October 25, 2023  
Date

*This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein*

**RACHEL B. PICARDAL, Ed. D**  
Chief, Education Supervisor  
Name and Signature of Recommending Authority

10/25/2023  
Date

Approved:

**NERI C. OJASTRO, Ed.D, CESE**  
Schools Division Superintendent  
Schools Division of Negros Oriental

10/26/23  
Date

ANNEX A

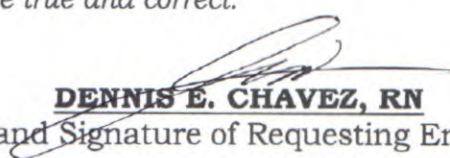
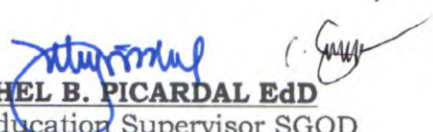
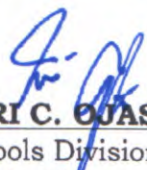


Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

No.: 919

DEPARTMENT OF EDUCATION  
**RELEASED**  
NO.: 023-3113  
DATE: 27 JUL 2023  
BY: SC  
RECORDS SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>DENNIS E. CHAVEZ, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To render health services to teaching, non-teaching personnel and monitor OK sa Deped Programs
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	November 3, 2023 – LLCES (SDHCP Clinic)
<b>Destination</b>	Lalibertad 1 District
<b>Fund Source</b>	Division MOOE
<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>	
 <b>DENNIS E. CHAVEZ, RN</b> Name and Signature of Requesting Employee	<u>October 25, 2023</u> Date
<i>This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.</i>	
 <b>RACHEL B. PICARDAL EdD</b> Chief, Education Supervisor SGOD Name and Signature of Recommending Authority	<u>10/25/2023</u> Date
Approved:  <b>NERI C. QUASTRO EdD, CESE</b> Schools Division Superintendent Schools Division of Negros Oriental	<u>10/26/23</u> Date

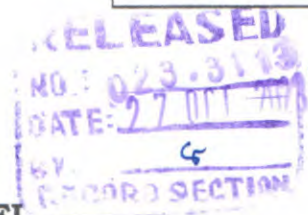
ANNEX A



Control No. 919

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**



**REGION:** VII- Central Visayas

**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental


<b>Name</b>	<b>ESTELA S. VELASCO, RN</b>
<b>Position/Designation</b>	Nurse - II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to teaching & non-teaching personnel. Lecture on SBFP, School Canteen and Food Safety
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	October 31, 2023 - Dauin Central School
<b>Venue/Destination</b>	Dauin District
<b>Fund Source</b>	Division MOOE

I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.

  
**ESTELA S. VELASCO, RN**  
Name and Signature of Requesting Employee

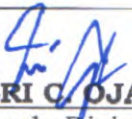
October 25, 2023  
Date

This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.

  
**RACHEL B. PICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

10/25/2023  
Date

Approved:

  
**NERI C. OJASTRO EdD, CESE**  
Schools Division Superintendent  
Schools Division of Negros Oriental

10/26/23  
Date

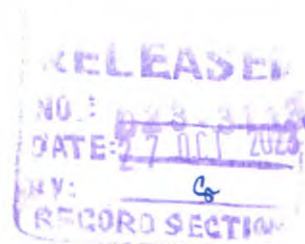
ANNEX A



Control No. 919

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**



**REGION:** VII- Central Visayas

**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental


<b>Name</b>	<b>KATHLEEN JOY JUNTILLA, RN</b>
<b>Position/Designation</b>	Nurse - II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to teaching & non-teaching personnel. Lecture on SBFP, School Canteen and Food Safety
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	October 26, 2023 - Sumaliring ES, Siaton District 1 October 27, 2023 - Sumaliring HS
<b>Venue/Destination</b>	Siaton District 1
<b>Fund Source</b>	Division MOOE

I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.

  
**KATHLEEN JOY JUNTILLA, RN**  
Name and Signature of Requesting Employee


October 25, 2023  
Date

This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.

  
**RACHEL B. PICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

10/25/2023  
Date

Approved:

  
**NERI C. OJASTRO EdD, CESE**  
Schools Division Superintendent  
Schools Division of Negros Oriental

10/26/23  
Date

ANNEX A



Control No. 919

Republic of the Philippines  
Department of Education

RELEASED  
NO. 8-3123  
DATE: 27 OCT 2023  
RECORDS SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental


<b>Name</b>	<b>GWYNNE STACY TORRES-MONCIDA, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Conduct on lecture on SBFP, Deworming and Food Safety
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	October 26, 2023- Albiga ES, Siaton 1
<b>Venue/Destination</b>	Siaton District
<b>Fund Source</b>	Division MOOE

*I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.*

  
**GWYNNE STACY TORRES-MONCIDA, RN**  
Name and Signature of Requesting Employee

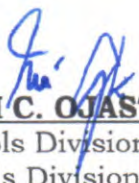
October 25, 2023  
Date

*This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.*

  
**RACHEL B. PICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

\_\_\_\_\_  
Date

Approved

  
**NERIC C. OJASTRO EdD, CESE**  
Schools Division Superintendent  
Schools Division of Negros Oriental  
Name and Signature of Approving Authority

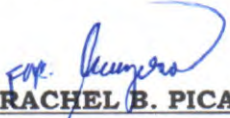
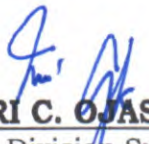
10/26/23  
Date



Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

RELEASED  
NO. 280-23  
DATE: 7 OCT 2023  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>MARY RUTH GLORIA</b>	
<b>Position/ Designation</b>	Nurse II	
<b>Permanent Station</b>	Division Office	
<b>Purpose of Travel</b> (must be supported by attachments)	To render health services to teaching, non-teaching personnel and monitor OK sa DepeD programs	
<b>Host of Activity</b>	Division Office	
<b>Inclusive Dates</b>	October 26, 2023 – San Francisco ES	
<b>Destination</b>	Sta. Catalina District 1	
<b>Fund Source</b>	Division MOOE	
<p><i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i></p> <p style="text-align: center;">   <b>MARY RUTH C. GLORIA</b>            Name and Signature of Requesting Employee         </p> <p style="text-align: right;">           October 26, 2023            Date         </p>		
<p><i>This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.</i></p> <p style="text-align: center;">   <b>RACHEL B. PICARDAL EdD</b>            Chief, Education Supervisor SGOD         </p> <p>           Name and Signature of Recommending Authority _____ Date _____         </p>		
<p>Approved</p> <p style="text-align: center;">   <b>NERI C. OJASTRO, EdD CESE</b>            Schools Division Superintendent         </p> <p>           Name and Signature of Approving Authority _____ Date 10/26/23         </p>		



Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**



<b>Name</b>	<b>SUZETTE S. ONDE, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To render health services to teaching, non-teaching personnel and learners. Monitor OK sa DepEd program implementation
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	October 27, 2023 – DLANHS – SHS October 31, 2023 – Manjuyod CES
<b>Destination</b>	Bindoy 2 and Manjuyod 2 Districts
<b>Fund Source</b>	Division MOOE
<p><i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i></p> <p style="text-align: center;"><i>Suzette</i> <b>SUZETTE S. ONDE</b> Name and Signature of Requesting Employee</p> <p style="text-align: right;">October 26, 2023 Date</p>	
<p><i>This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.</i></p> <p style="text-align: center;"><i>Rachel B. Picardal</i> <b>RACHEL B. PICARDAL EdD</b> Chief, Education Supervisor SGOD Name and Signature of Recommending Authority</p> <p style="text-align: right;">_____ Date</p>	
<p>Approved</p> <p style="text-align: center;"><i>Neri C. Ojastro</i> <b>NERI C. OJASTRO, EdD CESE</b> Schools Division Superintendent Name and Signature of Approving Authority</p> <p style="text-align: right;">10/26/23 Date</p>	



**Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental**

No.: 919

RECEIVED  
**RELEASED**  
NO. 023-3113  
DATE: 27 OCT 2023  
BY: 4  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>MARIA LOVELYN V. MANANQUIL, SUZETTE S. ONDE, ALEXANDRIA N. RUPERTO, ESAN VAL T. CABRERA</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Render health services to school learners, teaching and non-teaching personnel; Conduct monitoring of OKD programs implementation
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	November 7-Matuog ES November 8, 2023- Tayasan CES November 10, 2023- Matauta ES
<b>Destination</b>	Tayasan 1 and 2 District
<b>Fund Source</b>	Division MOOE

*I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.*

**MARIA LOVELYN V. MANANQUIL, RN**  
Name and Signature of Requesting Employee

**October 26, 2023**  
Date

*This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.*

**RACHEL B. PICARDAL, EdD**  
Chief, Education Supervisor, SGOD  
Name and Signature of Recommending Authority

\_\_\_\_\_  
Date

**APPROVED**

**NERI C. OJASTRO, EdD, CESE**  
Schools Division Superintendent  
Name and Signature of Approving Authority

10/27/23  
Date





Republic of the Philippines  
**Department of Education**  
REGION VII – CENTRAL VISAYAS  
SCHOOLS DIVISION OF NEGROS ORIENTAL

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**ITINERARY OF TRAVEL:**  
For the month of November 1-31, 2023

**OBJECTIVES:**

1. To conduct health talks to learners regarding oral health.
2. To enhance oral health education among teaching/non-teaching personnel in schools.
3. Tele/Online/Face-to-Face Dental Consultation to learners.
4. Tele/Online/Face-to-Face Dental Consultation to teaching/ Non-teaching personnel.
5. Dental treatment to learners, teaching and non-teaching personnel.
6. Division office Clinic Duty.
7. SDHCP clinic duty.
8. Monitor the implementation of dental health programs.

**SCHEDULE OF ACTIVITIES:**

1 – Holiday	17 –Manjuyod Science HS
2 – Holiday	18-SAT
3 – WFH	19 – SUN
4 – SAT	20 – Division Office
5 – SUN	21 – Sacsac ES
6 – Division Office	22 – Concepcion ES
7 – Matuog ES	23 – Division Office
8 – Tayasan CES	24 – Manjuyod CES
9 – Division Office	25 – SAT
10 – Matauta ES	26 – SUN
11 – SAT	27 – Division Office
12 – SUN	28 – Sampiniton ES
13 – Division Office	29 – Aglahug ES
14 – Tayasan NHS	30 – HOLIDAY
15 – Manjuyod NHS	
16 – Division Office	

(NOTE: This schedule is subject to change when deemed necessary)

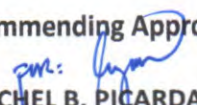
Submitted by:

  
MARIA LOVELYN V. MANANQUIL, RN  
Nurse II


Concurred:

  
KARINA LOUISE B. DE LA CRUZ, MD  
Medical Officer III

Recommending Approval:

  
RACHEL B. PICARDAL EdD  
SGOD, Chief Education Supervisor

APPROVED:

  
NERI C. OJASTRO EdD, CESE  
Schools Division Superintendent  
Schools Division of Negros Oriental

10/27/23



Republic of the Philippines  
**Department of Education**  
REGION VII – CENTRAL VISAYAS  
SCHOOLS DIVISION OF NEGROS ORIENTAL

---

**ITINERARY OF TRAVEL:**  
For the month of November 1-31, 2023

**OBJECTIVES:**

1. To conduct health talks to learners regarding oral health.
2. To enhance oral health education among teaching/non-teaching personnel in schools.
3. Tele/Online/Face-to-Face Dental Consultation to learners.
4. Tele/Online/Face-to-Face Dental Consultation to teaching/ Non-teaching personnel.
5. Dental treatment to learners, teaching and non-teaching personnel.
6. Division office Clinic Duty.
7. SDHCP clinic duty.
8. Monitor the implementation of dental health programs.

**SCHEDULE OF ACTIVITIES:**

1 – Holiday	17 –Manjuyod Science HS
2 – Holiday	18-SAT
3 – WFH	19 – SUN
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7 – Matuog ES	23 – Division Office
8 – Tayasan CES	24 – Manjuyod CES
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11 – SAT	27 – Division Office
12 – SUN	28 – Sampiniton ES
13 – Division Office	29 – Aglahug ES
14 – Tayasan NHS	30 – HOLIDAY
15 – Manjuyod NHS	
16 – Division Office	

(NOTE: This schedule is subject to change when deemed necessary)

Submitted by:

*Suzette S. Onde*  
**SUZETTE S. ONDE, RN**

NURSE II

Concurred:

*Karina Louise B. De La Cruz*  
**KARINA LOUISE B. DE LA CRUZ, MD**  
Medical Officer III

Recommending Approval:

*Rachel B. Picardal*  
**RACHEL B. PICARDAL EdD**  
SGOD, Chief Education Supervisor

APPROVED:

*Neri C. Ojastro*  
**NERI C. OJASTRO EdD, CESE**  
Schools Division Superintendent  
Schools Division of Negros Oriental

10/27/23



Republic of the Philippines  
**Department of Education**  
REGION VII – CENTRAL VISAYAS  
SCHOOLS DIVISION OF NEGROS ORIENTAL

---

**ITINERARY OF TRAVEL:**  
**For the month of November 1-31, 2023**

**OBJECTIVES:**


1. To conduct health talks to learners regarding oral health.
2. To enhance oral health education among teaching/non-teaching personnel in schools.
3. Tele/Online/Face-to-Face Dental Consultation to learners.
4. Tele/Online/Face-to-Face Dental Consultation to teaching/ Non-teaching personnel.
5. Dental treatment to learners, teaching and non-teaching personnel.
6. Division office Clinic Duty.
7. SDHCP clinic duty.
8. Monitor the implementation of dental health programs.

**SCHEDULE OF ACTIVITIES:**

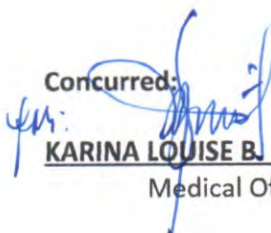
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2 – Holiday	18-SAT
3 – WFH	19 – SUN
4 – SAT	20 – Division Office
5 – SUN	21 – Sacsac ES
6 – Division Office	22 – Concepcion ES
7 – Matuog ES	23 – Division Office
8 – Tayasan CES	24 – Manjuyod CES
9 – Division Office	25 – SAT
10 – Matauta ES	26 – SUN
11 – SAT	27 – Division Office
12 – SUN	28 – Sampiniton ES
13 – Division Office	29 – Aglahug ES
14 – Tayasan NHS	30 – HOLIDAY
15 – Manjuyod NHS	
16 – Division Office	

(NOTE: This schedule is subject to change when deemed necessary)

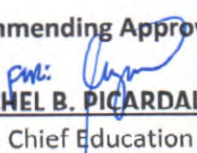
Submitted by:

  
ALEXANDRIA N. RUPERTO, RN  
NURSE II

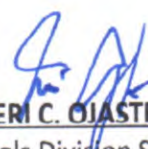
Concurred:

  
KARINA LOUISE B. DE LA CRUZ, MD  
Medical Officer III

Recommending Approval:

  
RACHEL B. PICARDAL EdD  
SGOD, Chief Education Supervisor

APPROVED:

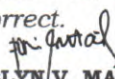

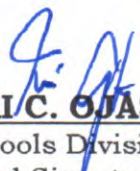
  
NERI C. OJASTRO EdD, CESE  
Schools Division Superintendent  
Schools Division of Negros Oriental  
10/27/23



Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>MARIA LOVELYN V. MANANQUIL, ALEXANDRIA N. RUPERTO, ESAN VAL T. CABRERA</b>	
<b>Position/ Designation</b>	Nurse II	
<b>Permanent Station</b>	Division Office	
<b>Purpose of Travel</b> (must be supported by attachments)	Render health services to school learners, teaching and non-teaching personnel; Conduct monitoring of OKD programs of school	
<b>Host of Activity</b>	Division Office	
<b>Inclusive Dates</b>	October 27, 2023 – Tayasan CES	
<b>Destination</b>	Tayasan District 2	
<b>Fund Source</b>	Division MOOE	
<i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i>		
 <b>MARIA LOVELYN V. MANANQUIL, ALEXANDRIA N. RUPERTO, ESAN VAL CABRERA</b> Name and Signature of Requesting Employee		<b>October 26, 2023</b> Date
<i>This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.</i>		
 <b>RACHEL B. PICARDAL, EdD</b> Chief, Education Supervisor, SGOD Name and Signature of Recommending Authority		_____ Date
<b>APPROVED</b>		
 <b>NERIC C. OJASTRO, EdD, CESE</b> Schools Division Superintendent Name and Signature of Approving Authority		<b>10/27/23</b> Date



Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

DepED NEG. OR  
**RELEASED**  
NO.: 023.3113  
DATE: 27 OCT 2023  
BY: CS  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>Marianne Mae M. Ragas, Annalee Celis, Brent John Trasmonte</b>	
<b>Position/ Designation</b>	Nurse II	
<b>Permanent Station</b>	Division Office	
<b>Purpose of Travel</b> (must be supported by attachments)	Render health services to school learners; School monitoring.	
<b>Host of Activity</b>	Division Office	
<b>Inclusive Dates</b>	October 27, 2023 – Mabinay NHS	
<b>Destination</b>	Mabinay District 3	
<b>Fund Source</b>	Division MOOE	
<p><i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i></p> <p>FOR: <u>Marianne Mae M. Ragas, Annalee Celis, Brent John Trasmonte</u>      <b>October 27, 2023</b>  Name and Signature of Requesting Employee      Date</p>		
<p><i>This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.</i></p> <p>FOR: <u>RACHEL B. PICARDAL, EdD</u>  Chief, Education Supervisor, SGOD      _____  Name and Signature of Recommending Authority      Date</p>		
<p><b>APPROVED</b></p> <p>FOR: <u>NERI C. OJASTRO, EdD, CESE</u>  Schools Division Superintendent      10/27/23  Name and Signature of Approving Authority      Date</p>		

ANNEX A



Control No. 919

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

RELEASED  
NO: 023-3113  
DATE: 27 OCT 2023  
BY: Sc  
REGISTRATION SECTION

**REGION:** VII- Central Visayas

**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental

<b>Name</b>	<b>BRENT JOHN TRASMONTE, RN</b>
<b>Position/Designation</b>	Nurse - II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services to teaching & non-teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	October 26, 2023 - Amlan NHS
<b>Venue/Destination</b>	Amlan District
<b>Fund Source</b>	Division MOOE

I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.

*for*  
**BRENT JOHN TRASMONTE, RN**  
Name and Signature of Requesting Employee

October 26, 2023  
Date

This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.

*For:*  
**RACHEL B. PICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

\_\_\_\_\_  
Date

Approved:

*for*  
**NERI C. OASTRO EdD, CESE**  
Schools Division Superintendent  
Schools Division of Negros Oriental

10/27/23  
Date